

Policy & Business Solutions for Health Equity



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FLASCO Disparities Conference

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VANDERBILT-INGRAM CANCER CENTER

Disclosures – None relevant to this talk

- Consultant

- Merck
- Bristol-Myers Squibb
- Grail Bio, Inc
- AstraZeneca
- NIH: Inclusive Participation COVID-19

- Honorarium

- Pfizer/AONN
- BioAscend
- Takeda

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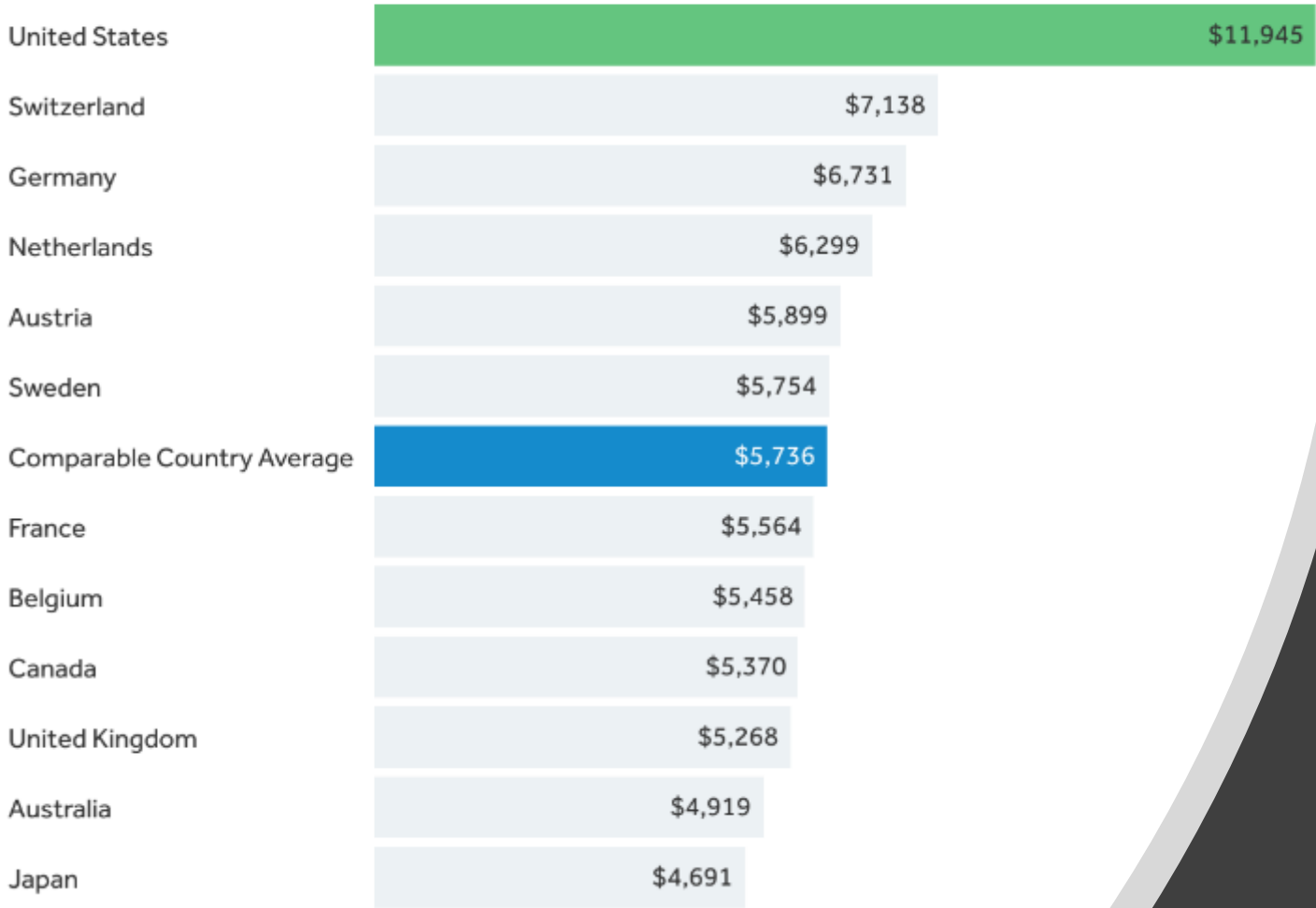


What's Your
Mission?

**Balancing Profit
with Equitable
Care**



Health consumption expenditures per capita, U.S. dollars, PPP adjusted, 2020 or nearest year



Notes: U.S. value obtained from National Health Expenditure data. Data from Australia, Belgium, and Switzerland are from 2019. Data for Australia, France, and Japan are estimated. Data for Germany, Netherlands, and Sweden are provisional. Health consumption does not include health care structures, equipment, or research.

What is the risk?

ANNUAL ECONOMIC TOLL

Heart Disease/ Stroke



\$216B
in direct cost

\$147B
in lost productivity

\$363B

total cost to
U.S. health system

Cancer



\$174B
cost of
cancer care

Diabetes



\$237B
in direct costs

\$90B
in lost
productivity

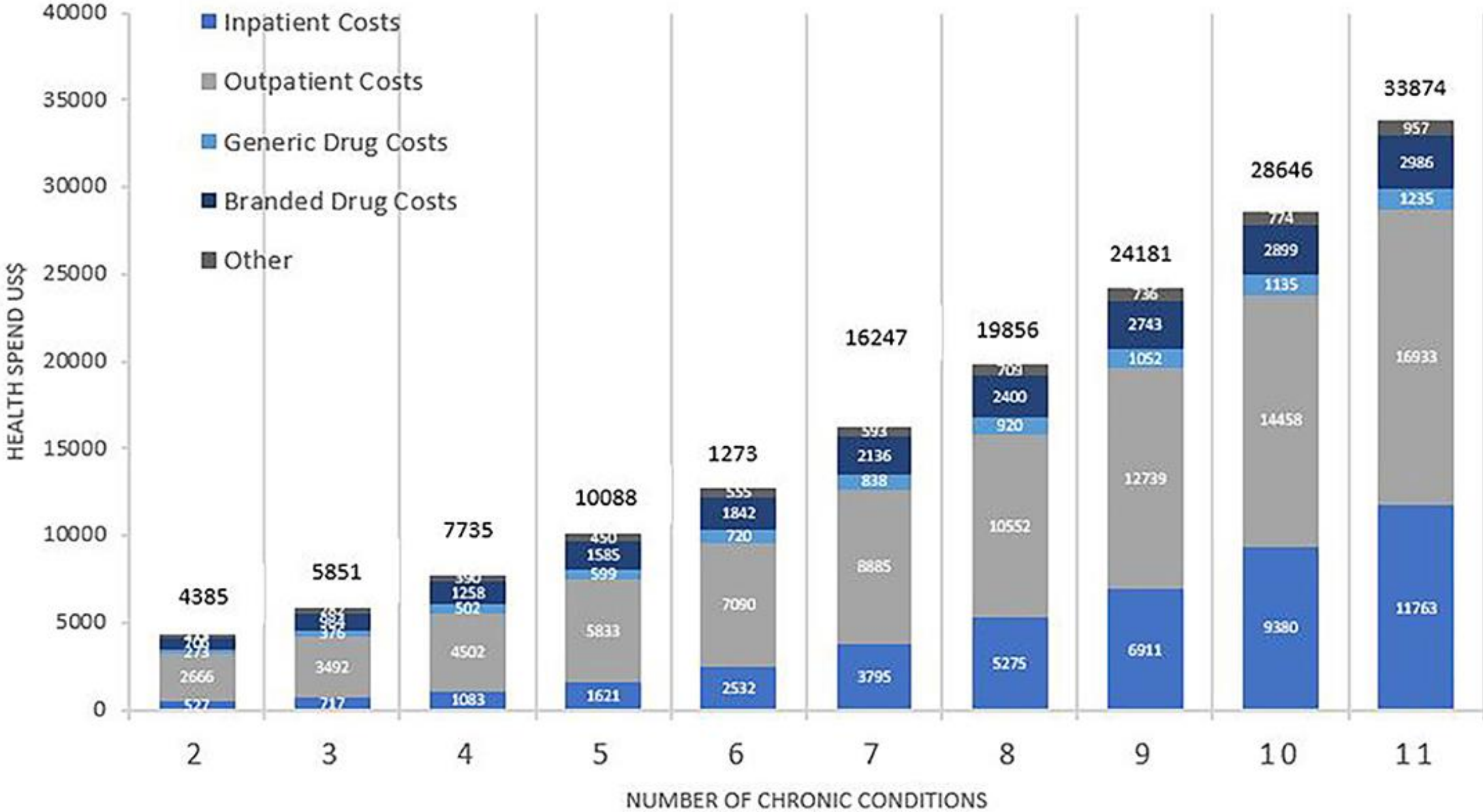
\$327B

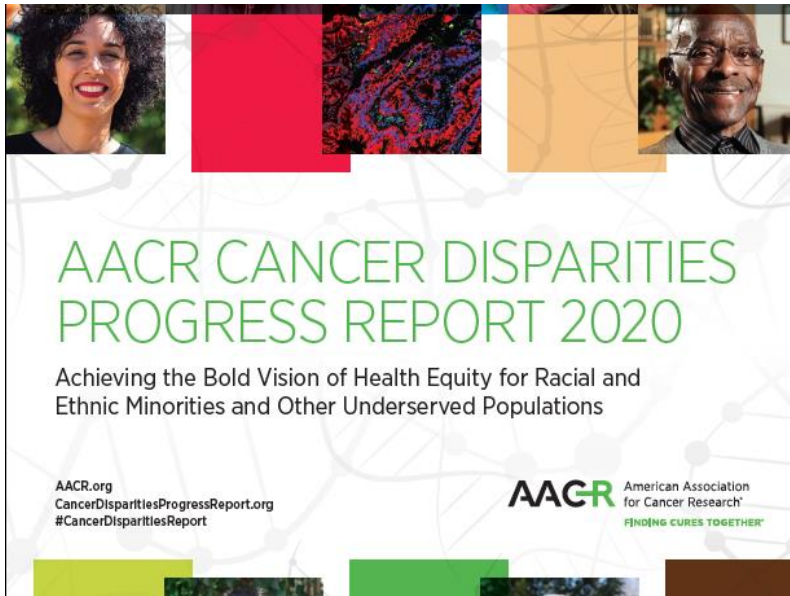
total cost of
diagnosed diabetes

Source: CDC, AHA

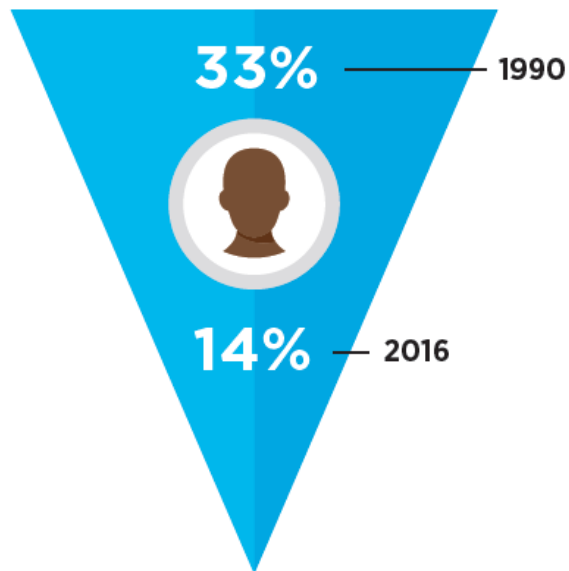
<https://www.visualcapitalist.com/sp/the-high-cost-of-chronic-diseases-worldwide/>

FIGURE 1. Total average health spend and contributors to cost by number of chronic conditions





DECLINE IN DISPARITY FOR OVERALL CANCER DEATH RATE BETWEEN AFRICAN AMERICANS AND WHITES



Trends in Cancer Death Rates

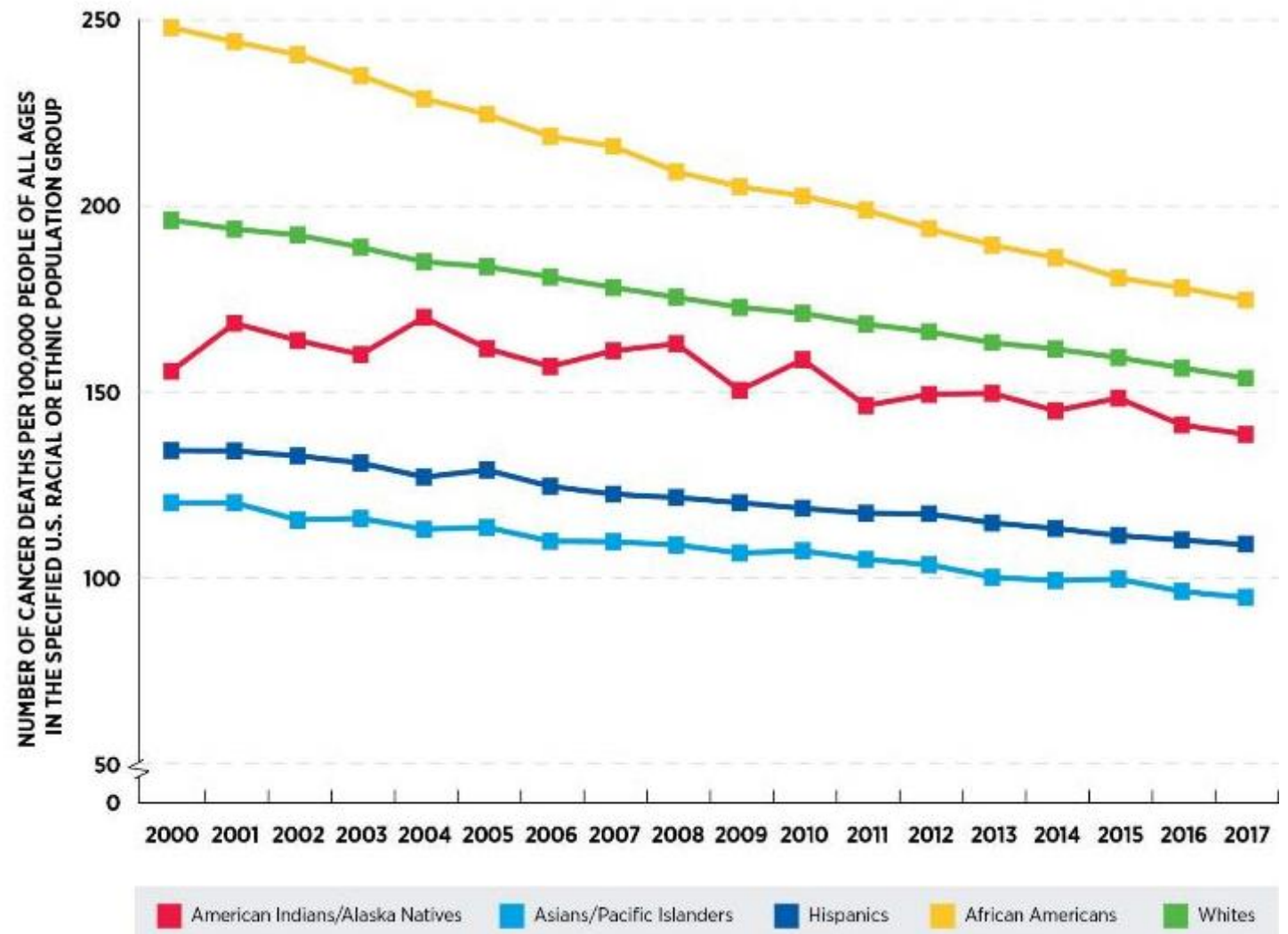
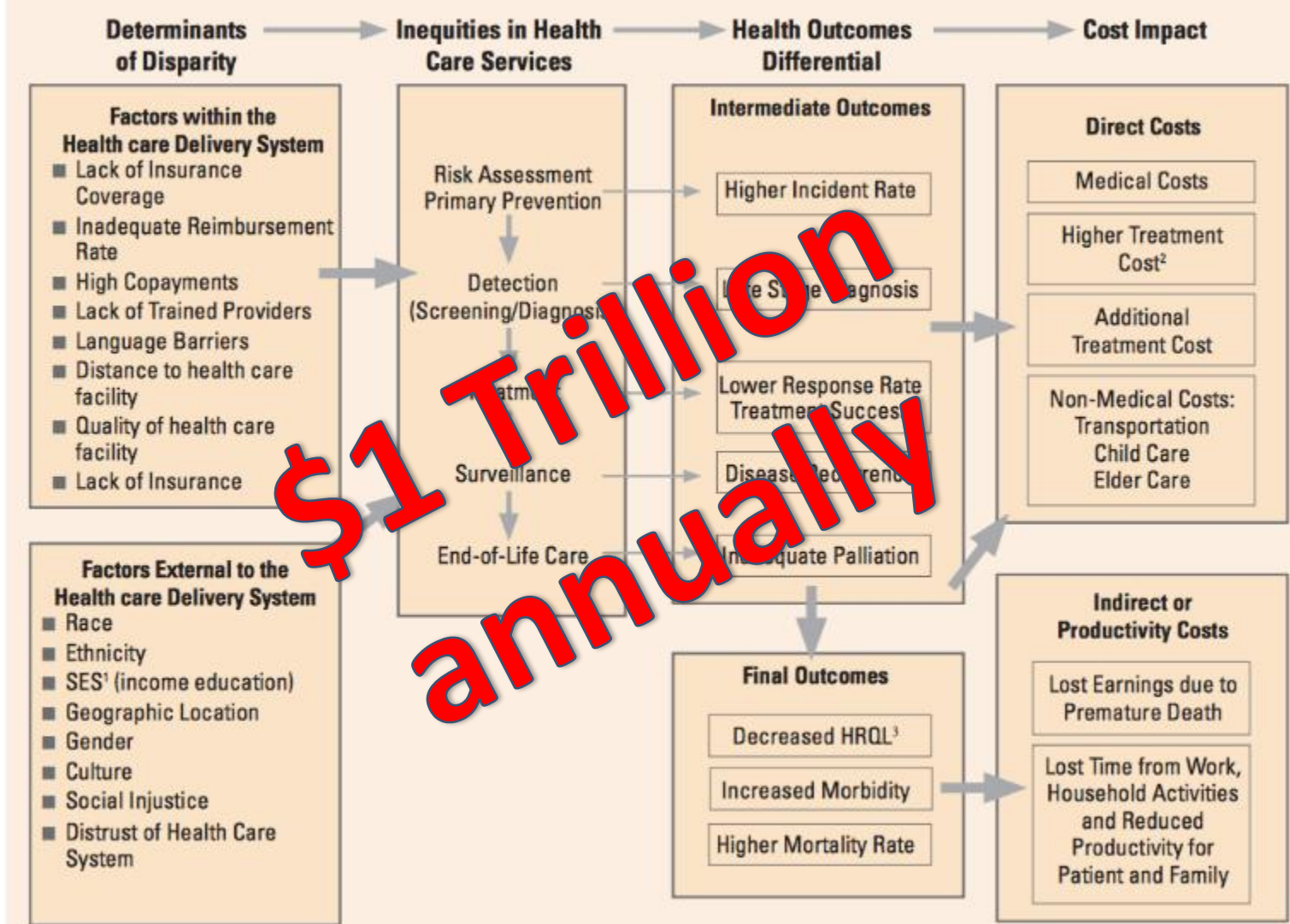


FIGURE 7 Framework for Assessing Economic Costs of Cancer Health Disparities



¹ SES- Socioeconomic Status ² Stage IV cancers may have lower cost than Stage II and III cancer ³ HRQL – Health Related Quality of Life

Populations at Greatest Risk

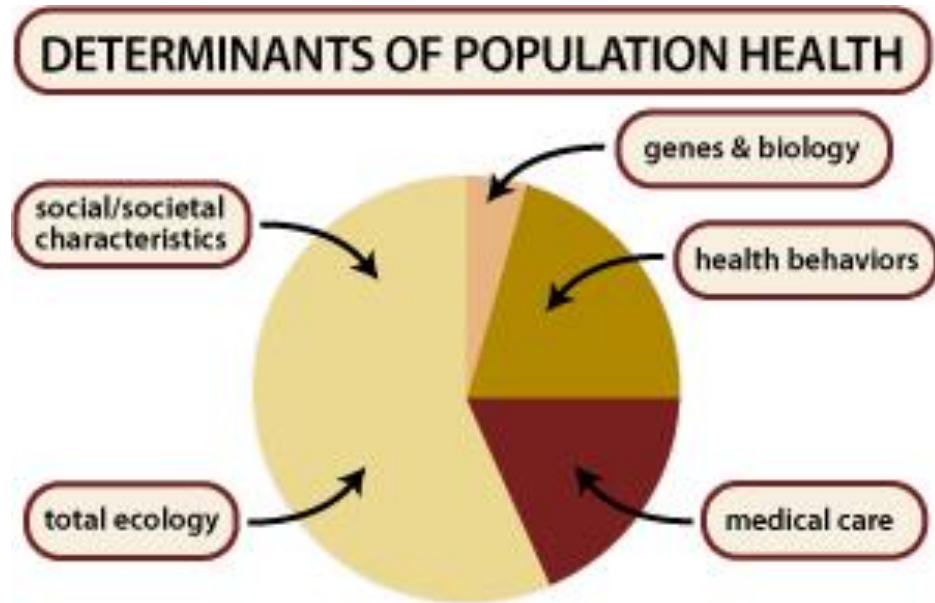
- Racial/Ethnic Minorities
- Rural vs. Urban
- Adolescent/Young Adult
- Geriatric/Older Adult Populations
- LGBTQ+/Sexual & Gender Minorities
- The differently abled

Lower Socioeconomic Status

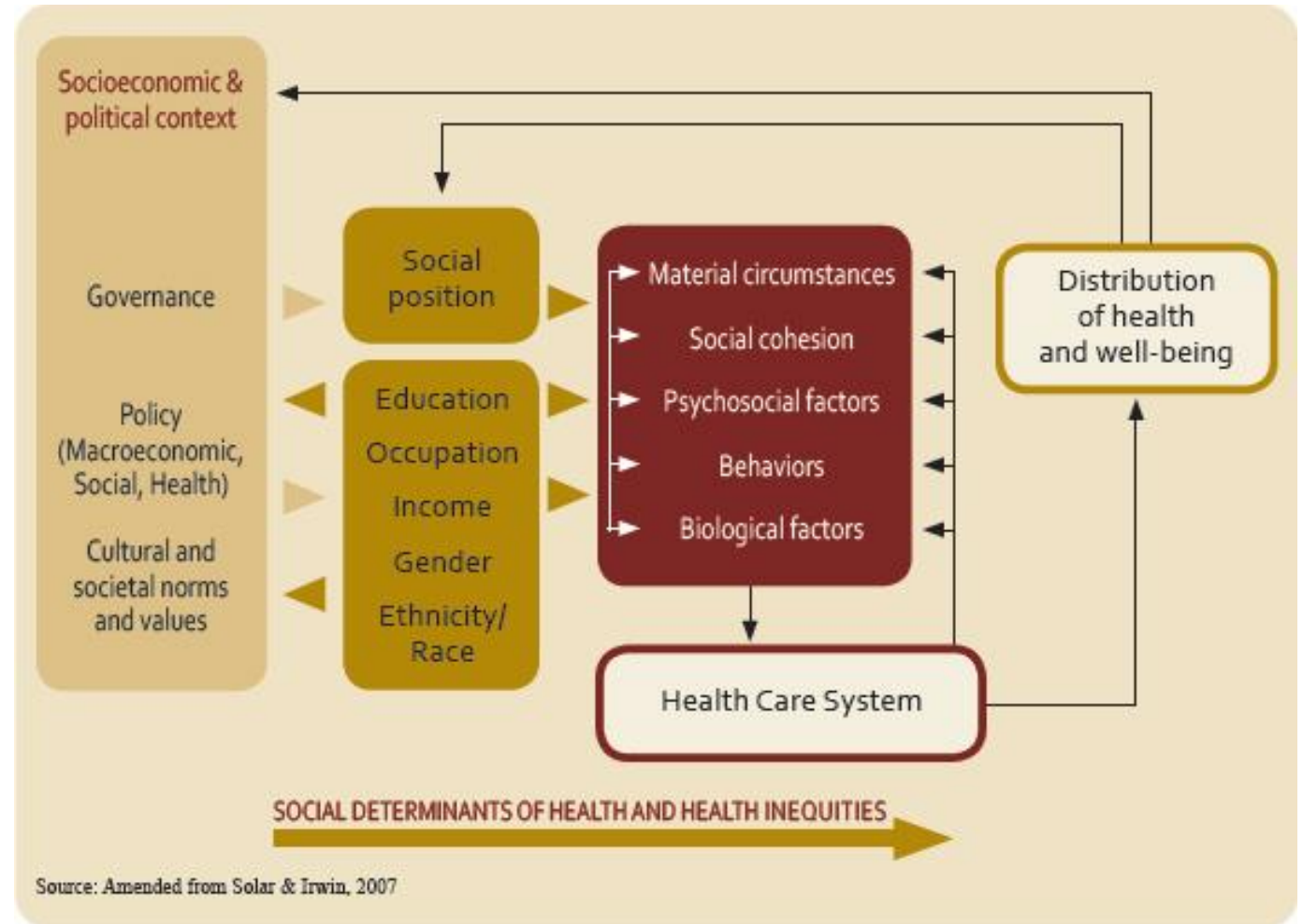
Social Determinants of Health (SDOH)

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination Stress	Health coverage Provider availability Provider linguistic and cultural competency Quality of care
Health Outcomes Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					

The Health System and SDOH



<http://www.cdc.gov/socialdeterminants/>



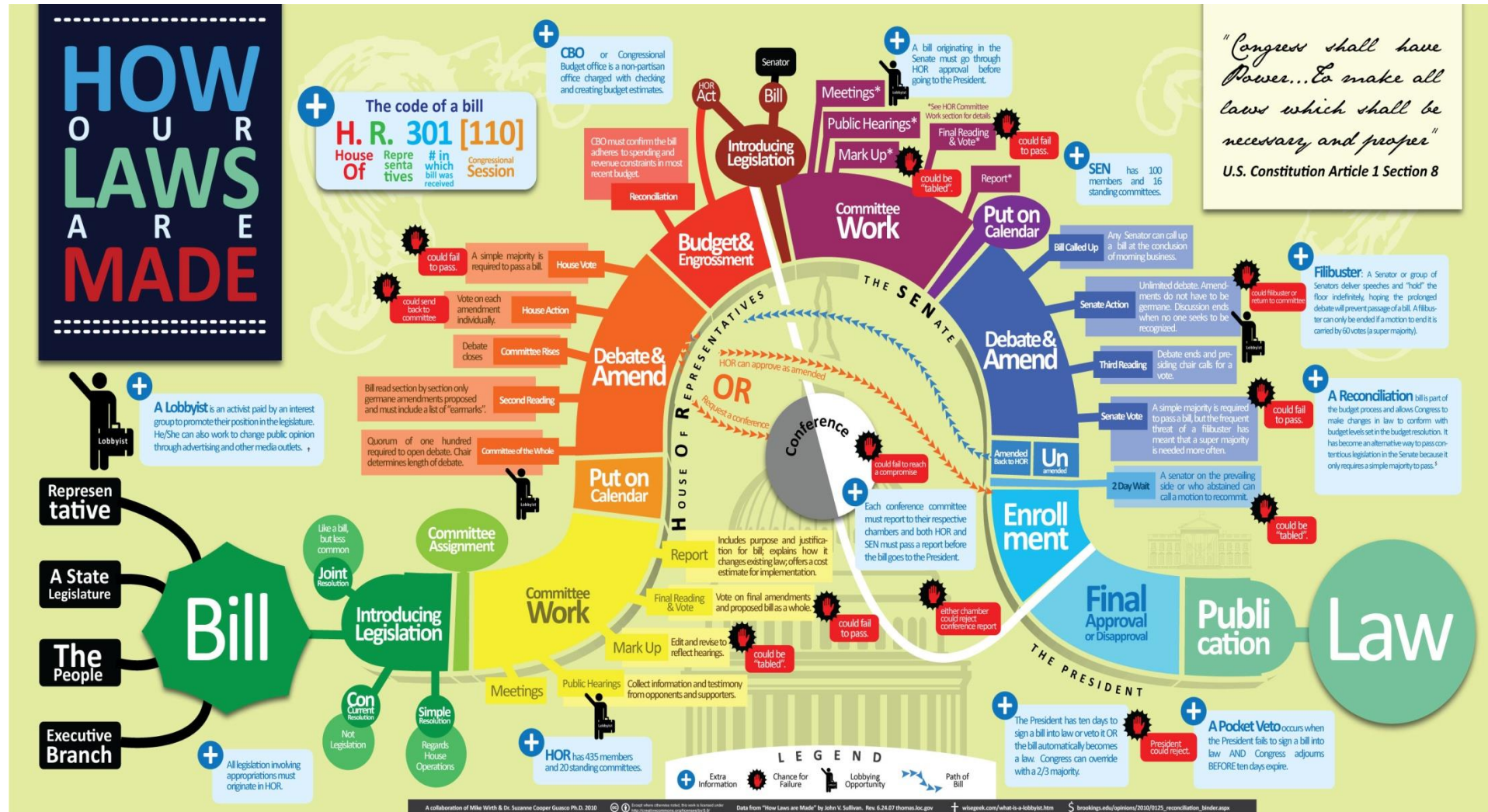
WHAT can
we do?

Advocacy



The act of pleading or arguing in favor of something, such as a cause, policy, or interest, or the active support of an idea or

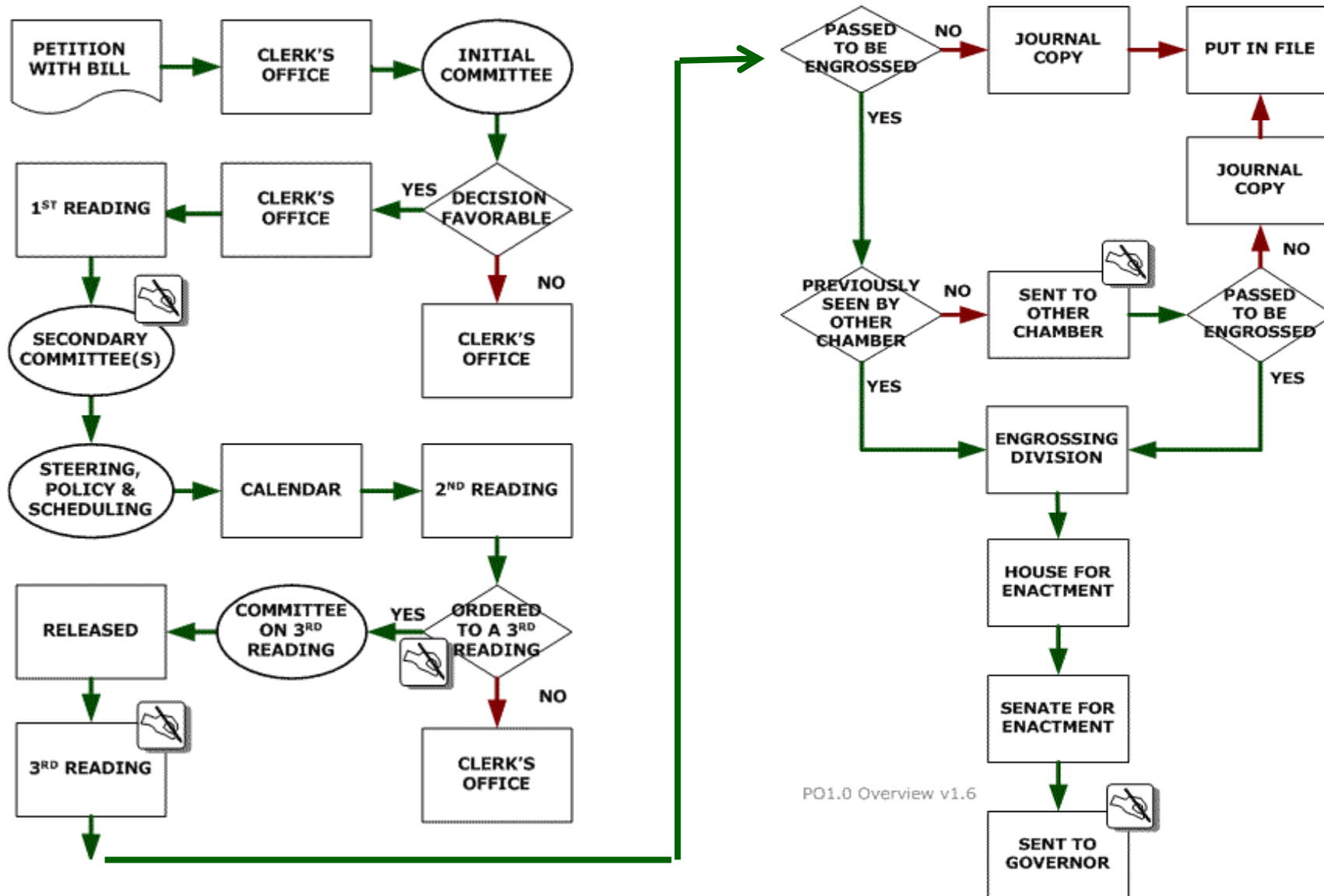
ADVOCACY: The National Level



Legislation

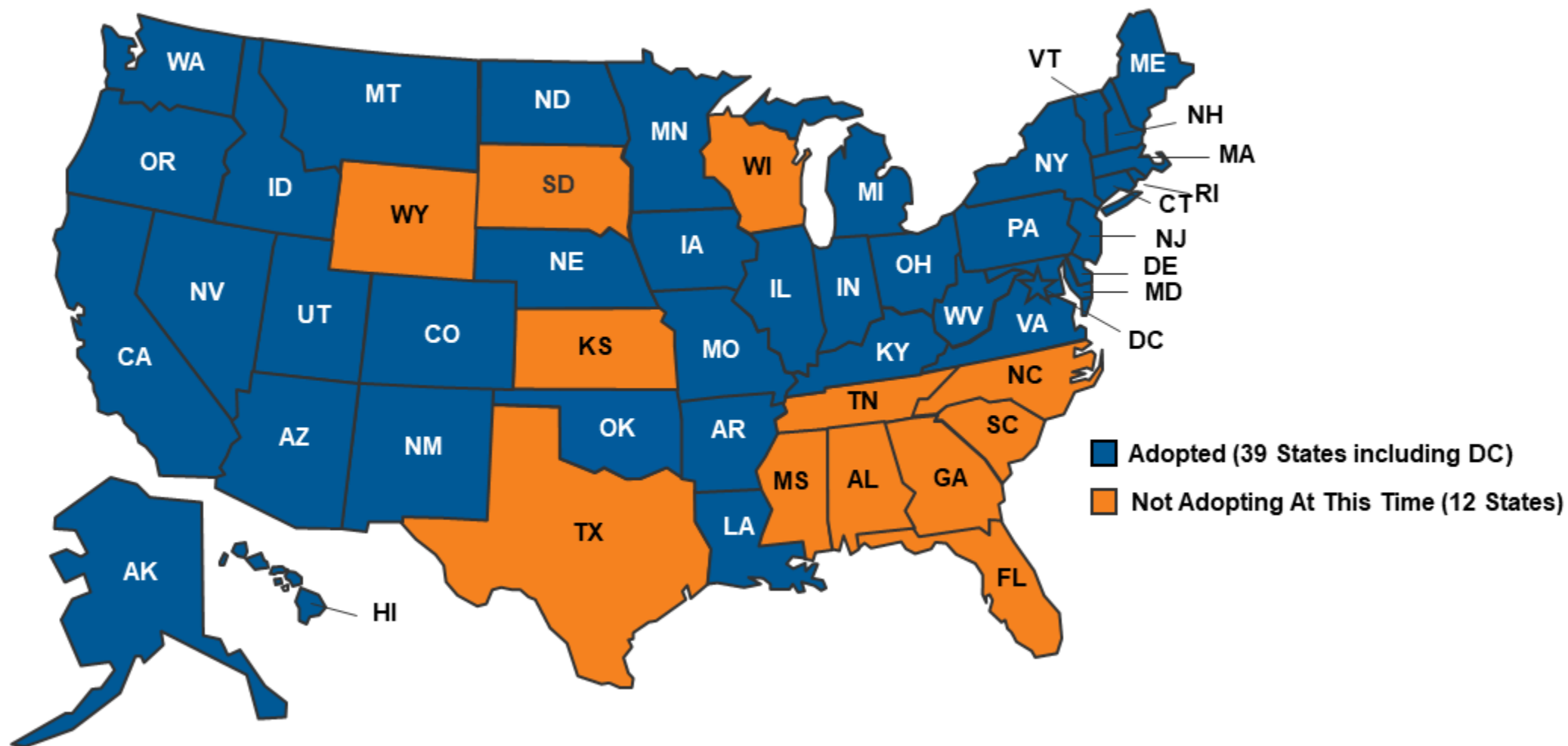
- CONNECT for Health Act (H.R. 2903/S. 1512) and the Telehealth Modernization Act (H.R. 1332/S. 368) – Improve telehealth availability
- DIVERSE Trials Act (H.R. 5030/S. 2706) – Increase access to clinical trials
- Safe Step Act (H.R. 2163/S. 464) – Ensure access to quality cancer care

ADVOCACY: The State Level



PO1.0 Overview v1.6

Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KFF tracking and analysis of state activity. See link below for additional state-specific notes.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated September 20, 2022.

<https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

Eliminating Racial Disparities in Colorectal Cancer in the Real World: It Took a Village

Stephen S. Grubbs, *Delaware Cancer Consortium, Dover; and Helen F. Graham Cancer Center, Newark, DE*

Blase N. Polite, *The University of Chicago, Chicago, IL*

John Carney Jr, *US House of Representatives, Washington, DC*

William Bowser, *Delaware Cancer Consortium, Dover, DE*

Jill Rogers, *Delaware Division of Public Health, Dover, DE*

Nora Katurakes, *Delaware Cancer Consortium, Dover; and Helen F. Graham Cancer Center, Newark, DE*

Paula Hess, *Delaware Cancer Consortium, Dover, DE*

Electra D. Paskett, *College of Medicine and Comprehensive Cancer Center, Ohio State University, Columbus, OH*

Colorectal cancer (CRC) is the third most common cancer in the United States, with more than 102,000 new patients diagnosed per year.¹ It is, however, one of the few cancers that is highly preventable through the use of routine screening,² which can also prevent death resulting from CRC.^{3,4} CRC is also one cancer that continues to demonstrate widening incidence and survival disparities between

screening rates among minorities; two, target quality treatment, including both timely resolution of abnormal findings and initiation and completion of therapies; and three, use patient navigation to promote access to screening and proper care. Unbeknownst to Robbins et al or Paskett, just such an experiment was under way in the state of Delaware, incorporating those three steps. In this brief report, we demonstrate what can happen

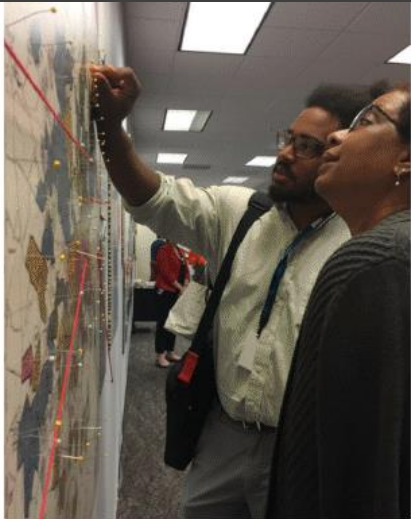
REVIEW ARTICLE

Improving Equity in Cancer Care in the Face of a Public Health Emergency

Karen M. Winkfield, MD, PhD,†‡ and Robert A. Winn, MD§*

Abstract: Cancer health disparities have been well documented among different populations in the United States for decades. While the cause of these disparities is multifactorial, the COVID-19 pandemic has highlighted the structural barriers to health and health care and the gaps in public health infrastructure within the United States. The most long-standing inequities are rooted in discriminatory practices, current and historical, which have excluded and disenfranchised many of the most vulnerable populations

The COVID-19 pandemic has shed significant light on the SDoHs—the conditions in which people work, live, and play⁹ and how they contribute to health status. The issues are not new and have been routinely discussed in the literature.^{10–13} Perhaps it is the high visibility of the disproportionate impact of COVID-19 in communities of color or simply the fact that many systems shut down during the pandemic that has sparked renewed interest in addressing the issues. Independent of the why, the time is now



UNDESIGN THE RED LINE

Interactive Exhibit

Connecting the history of housing discrimination and segregation to the political and social issues of today.

www.enterprisecommunity.org/undesign-the-redline

Explore the history.
Share your perspective.
Transform your communities.



<http://www.clevelandnp.org/undesigntheredline/>

Development of an Actionable Framework to Address Cancer Care Disparities in Medically Underserved Populations in the United States: Expert Roundtable Recommendations

Stakeholders who implement this framework.



Health care leaders, patient advocate groups, community outreach leaders, community-based organizations, lay, nurse and clinical navigators, researchers, industry, govt and policy leaders

Medically underserved populations.



Racial/ethnic minority groups, rural populations, aged, adolescent/young adult], LGBTQ, differently-abled, immigrants and refugees, and under and uninsured communities.



Development of an Actionable Framework to Address Cancer Care Disparities in Medically Underserved Populations in the United States: Expert Roundtable Recommendations

Key Findings: High Impact Practices

Priority Actions Between CCC Domains



Screening to Diagnosis

- Add patient navigators to identify, and address barriers
- Assess SDOH before first appt with provider
- Focus on information that a patient needs that day
- Ensure that patients have access to a portal and know what to do next
- Provide cancer screening services, use mobile units to reach communities
- Ensure systems are built within EMRs to enable active follow up (by PN) of abnormal screening results
- Systematically implement shared

Diagnosis to Treatment

- Develop PN practices across institutions that ensure "warm hand offs"
- Critical: Same trusted PN is needed from screening through treatment
- Track patients through second opinion to ensure follow up
- Metric tracking of days from DX to TX must trigger active outreach
- Focus on measurements with data/IT systems ; entire care team needs to understand their roles
- Provide patients with oncology urgent care services for common

Treatment to Survivorship

- Establish an advisory council with patients and community leaders to address local barriers and resource needs
- Develop community outreach programs with a focus on Survivorship
- Build and expand on partnerships with community leaders and Community Health Workers to provide training resources

Community Engagement

- Engage non-traditional stakeholders • Build advocacy coalitions • Engage patients through trusted community partners • Leverage Technology and engagement platforms

Patient Navigation (PN)

- Standardize best practices for lay navigation (focus on DX through Survivorship)
- Include PN in cancer TX guidelines, clinical trial protocols, CMMI and clinical care teams
- Establish community-academic partnerships to support PN • Enhance/Ensure reimbursement; emphasize and coordinate PN efforts across institutions

Data Collection

- Develop toolkits to collect SDOH data • Collect sexual orientation/gender identity (SOGI) data • Work with payors to access claims data that highlight gaps in the CCC • Gather data directly from patients to inform programs • Conduct benchmark projects; share and expand

Health Equity

- Implement the HHS action plan to reduce racial and ethnic health disparities • Build addressing SDOH impact into accreditation programs with teeth • Develop health equity scorecard for health systems • Build capacity for trusted community engagement



Patient-centered care



Your Advocacy Matters



Awareness

- Get to know the issues
- Understand the social context
- Identify care gaps in your community

Advocacy

- Policy Matters!!
- Resource allocation decisions:
 - Political, economic, and social systems
 - Institutions

Action!!!

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SINCE 1999

Thank you!!

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Questions?

podcast



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